

EXHIBIT G. Example of a complete EOB

This exhibit displays a complete EOB for a fictional enrollee. All examples use 2024 benefit parameters¹ where 2025 benefit parameters are not yet available and will be updated in the final version.

¹ See the April 4, 2023 Health Plan Management System (HPMS) memorandum titled “Final Contract Year (CY) 2024 Part D Bidding Instructions.



PO Box 789

Anytown, USA 12345-6789

THIS IS NOT A BILL

JENNIFER WASHINGTON
123 EXAMPLE STREET
APARTMENT A
ANYTOWN, USA 12345-6789

Notice for Jennifer Washington

Your Medicare Number **2CG5BJ6KS70**

Date of This Notice **April 15, 2025**

Claims for **March 2025**

Your Medicare Part D Explanation of Benefits (EOB)

This is your "Explanation of Benefits" (EOB) for your Medicare prescription drug coverage (Part D). Your EOB shows the prescriptions you filled, what we paid, what you and others have paid, and what counts towards your Out-of-Pocket Costs and your Total Drug Costs.

- **Your EOB is not a bill.**
If you paid a co-pay or coinsurance for your drug, the EOB should show the amount you paid. If you participate in the Medicare Prescription Payment Plan, we'll send you a separate monthly billing statement, and amounts shown in this EOB might differ from what you paid. Contact us if you have questions or want more information. Visit Medicare.gov for information about the Medicare Prescription Payment Plan.
- **You may not get an EOB every month.**
When we get a claim (bill) from your pharmacy, you'll get an EOB the next month. For example, if we get a claim in March, you'll get an EOB in April.
- **Take a minute to look over your EOB.**
Check your EOB to make sure everything is correct. If you have questions, find mistakes, or suspect fraud, we're happy to help. Call us at the number below.

Birchwood Member Services

If you have questions or need help, call us toll-free Monday through Friday from 8 a.m. to 5 p.m.

1-800-222-3333

1-888-444-5555 for TTY/TDD only

Or visit our website:
www.birchwood.com

For languages other than English:

Español 1-800-331-2345 (Spanish)

Русский 1-800-331-5678 (Russian)

tieng Viet 1-800-331-7777 (Vietnamese)

Need large print or another format?

To get this material in other formats, including large type, braille, and translation into other languages, call Birchwood Member Services at the number on this page.

If you have questions, please call Birchwood Member Services at 1-800-222-3333 (TTY 1-800-444-5555). The call is free. **For more information**, visit www.birchwood.com.

CHART 1

Your MONTHLY prescriptions for covered Part D drugs: March 2025

Totals for the month of March 2025

- Your **Out-of-Pocket Costs** amount is **\$67**
- Your **Total Drug Costs** amount is **\$320.50**

Drug Name, Fill Date, Pharmacy, Rx#	You Paid	Plan Paid	Other Payments	Drug Price	Price Change	Lower Cost Alternative Drugs
[insert name of first drug], 40 mg tabs 03/09/25, ABC Pharmacy Rx# 106663421555, 30 day supply	\$47	\$200.88	\$0	\$247.88	0%	[insert name of lower cost alternative drug]
[insert name of second drug], 10 mg tabs 03/09/25, ABC Pharmacy Rx# 349000711222, 30 day supply	\$20	\$52.62	\$0	\$72.62	0%	[insert name of lower cost alternative drug]
Totals for the month of March 2025	\$67	\$253.50	\$0	\$320.50		

You Paid

This is the amount you paid for each drug. It includes any payments for your drugs made by family or friends. If you participate in the Medicare Prescription Payment Plan, we'll send you a separate monthly billing statement, and the amounts here might differ from what you paid.

Plan Paid

This is the amount Birchwood paid for each drug.

Other Payments

This shows any payments not included in the "You Paid" and "Plan Paid" columns, such as Extra Help from Medicare, employer or union health plans, TRICARE, Indian Health Service, AIDS drug assistance programs, Manufacturer Discount Program, charities, and State Pharmaceutical Assistance Programs (SPAPs). Some of these payments may not count towards your Out-of-Pocket Costs.

Drug Price

This shows the cost of each drug (including payments made by you, your plan, and others).

Price Change

This shows how the drug price changed (as a percentage) from when your prescription was first filled during the benefit year. You'll only see a drug price change when the quantity dispensed was the same.

Lower Cost Alternative Drugs

This shows drugs that may be an alternative to the ones you're taking now, but with lower cost-sharing or a lower drug price. You may want to ask your doctor if the lower cost alternative is right for you.

CHART 1A

Your prescriptions for drugs covered by your plan's Supplemental Drug Coverage: March 2025

Your Supplemental Drug Coverage pays for some drugs not generally covered by Medicare. Any prescriptions you filled for these drugs this month are listed in the chart below. **The amounts paid for these drugs do *not* count toward your Out-of-Pocket Costs or Total Drug Costs.**

Drug Name, Fill Date, Pharmacy, Rx#	You Paid	Plan Paid	Other Payments
[insert name of first drug], 0.5 mg 03/01/25, ABC Pharmacy Rx# 106663421555, 30 day supply	\$47	\$153	\$0
Totals for the month of March 2025	\$47	\$153	\$0

CHART 2

Your YEARLY spending totals for covered Part D drugs

Your year-to-date Out-of-Pocket Costs amount is **\$632** (includes what **You Paid** plus **Other Payments**)

	You Paid	Plan Paid	Other Payments	Total Drug Costs
Monthly totals: March 2025	\$67	\$253.50	\$0	\$320.50
Year-to-date totals: Jan – March 2025	\$632	\$329.50	\$0	\$961.50

You Paid

This is the amount you paid for each drug. It includes any payments for your drugs made by family or friends. If you participate in the Medicare Prescription Payment Plan, we'll send you a separate monthly billing statement, and amounts here might differ from what you paid.

Plan Paid

This is the amount Birchwood paid for each drug.

Total Drug Costs

This is the total of all payments made for your covered Part D drugs. It includes:

- What the plan pays
- What you pay
- What other programs or organizations pay for your drugs

Other Payments

This shows any payments not included in the "You Paid" and "Plan Paid" columns, those made by Extra Help from Medicare, employer or union health plans, TRICARE, Indian Health Service, AIDS drug assistance programs, Manufacturer Discount Program, charities, and State Pharmaceutical Assistance Programs (SPAPs). Some of these payments may not count towards your Out-of-Pocket Costs.

Out-of-Pocket Costs include:

- What you paid when you fill/refill a covered Part D prescription
- Any payments for your drugs made by family or friends
- Any payments made for your drugs by Extra Help from Medicare, employer or union health plans, TRICARE, Indian Health Service, AIDS drug assistance programs, charities, and most State Pharmaceutical Assistance Programs (SPAPs)

Out-of-Pocket Costs DON'T include payments made for:

- Plan premiums
- Drugs not covered by our plan
- Non-Part D drugs (like drugs you get during a hospital stay)
- Drugs covered by certain other programs, such as the Veteran's Administration or Worker's Compensation
- Manufacturer Discount Program
- Selected Drug subsidy
- Drugs covered by our plan's Supplemental Drug Coverage listed in Chart 1A

Learn more

Medicare made the rules about which types of payments count toward "Out-of-Pocket Costs" and "Total Drug Costs." For more details, see Birchwood's *Evidence of Coverage* benefits booklet.

CHART 3**Your current drug payment stage**

How much you pay for a covered Part D prescription depends on which payment stage you're in when you fill it. This chart helps you understand what stage you were in at the end of March 2025 and when you'll move to the next stage.

Year-to-date totals: Jan – March 2025	Stage 1: Yearly Deductible	You're in Stage 2: Initial Coverage	Stage 3: Catastrophic Coverage
Out-of-Pocket Costs	<i>lasts until Out-of-Pocket Costs reach \$545</i>	\$632	<i>starts when Out-of-Pocket Costs reach \$2,000</i>

You're in Stage 2: Initial Coverage

During this payment stage, the plan pays its share of the cost of your drugs and you (or others on your behalf) pay your share of the cost.

You generally stay in this stage until your **year-to-date Out-of-Pocket Costs** reach **\$2,000**. As of March 31, 2025 your year-to-date Out-of-Pocket Costs were **\$632**.

What happens next?

Once you have **an additional \$1,368 in Out-of-Pocket Costs**, you move to the next payment stage (Stage 3: Catastrophic Coverage).

About Coverage Stages

- **Stage 1: Yearly Deductible**
You start in this payment stage each calendar year. In this stage, you pay the full cost of your drugs. **You generally stay in this stage until you've paid the amount of your deductible (\$545).**
- **Stage 2: Initial Coverage**
In this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost. **You generally stay in this stage until your year-to-date Out-of-Pocket Costs reach \$2,000.**
- **Stage 3: Catastrophic Coverage**
In this stage, the plan pays all of the cost for your covered Part D drugs. You pay nothing. **You generally stay in this stage for the rest of the calendar year.**

CHART 4**Changes to our Drug List that affect drugs you take**

We may make changes to our Drug List during the year, like adding new drugs; removing drugs; changing coverage restrictions; or moving drugs from one cost-sharing tier to another. **The information below provides updates that affect plan-covered prescriptions you filled in 2025.**

[Drug A]**Step therapy**

- Starting June 1, 2025 “step therapy” will be required for this drug. This means you’ll be required to try a different drug first before we’ll cover [Drug A]. This requirement encourages you to try another drug that costs less but is just as safe and effective as [Drug A]. If this other drug doesn’t work for you, the plan will then cover [Drug A].

Understanding these changes

- See the next page for places to get help and more information about your options.
- You and your doctor may want to consider trying [Alternate Drug 1] or [Alternate Drug 2]. Both are on our Drug List and have no coverage restrictions. They’re used in similar ways as [Drug A] and they’re on a lower cost-sharing tier.

How much will you pay?

The amount you’ll pay depends on which drug payment stage you’re in when you fill the prescription. To find out how much you’ll pay, call Birchwood Member Services at 1-800-222-3333 (TTY 1-800-444-5555).

Important things to know about your drug coverage and your rights

See mistakes or have questions?

If you have questions, see mistakes, or suspect fraud, call us at Birchwood Member Services at 1-800-222-3333 (TTY 1-888-444-5555). You can also find answers to many questions online at www.birchwood.com. Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

You can also call your State Health Insurance Assistance Program (SHIP). The name and phone numbers for your state SHIP are in Chapter 2, Section 3 of your *Evidence of Coverage*.

Get help with your options

Here are some things you can do to help you and your doctor manage any changes in coverage:

- **Call Birchwood Member Services to ask for a list of covered drugs that treat the same medical condition.** This list can help your doctor to find a covered drug that might work for you and have fewer restrictions or a lower cost.
- You and your doctor **can ask us to make an exception for you.** This means asking us to agree that the change in coverage or cost-sharing tier of a drug doesn't apply to you. To learn how to ask for an exception, see Chapter 9 in the *Evidence of Coverage*, "What to do if you have a problem or complaint."

Get help paying for your drug coverage

"Extra Help" from Medicare. If you meet certain income and resource limits, you may qualify for Extra Help. This program helps pay for your Medicare drug coverage costs, such as plan premiums, deductibles, and costs when you fill your prescriptions. To see if you qualify for Extra Help, complete an application online at <https://secure.ssa.gov/i1020/start>. You can also call Social Security toll-free at 1-800-772-1213 (TTY 1-800-325-0778).

Help from your State Pharmaceutical Assistance Program. Many states have State Pharmaceutical Assistance Programs (SPAPs) that help people pay for prescription drugs based on financial need, age, or medical condition. Each state has different rules. To find out if your state has a State Pharmaceutical Assistance Program, visit Medicare.gov and search for "SPAP." Or, check with your local State Health Insurance Assistance Program (SHIP).

Medicare Prescription Payment Plan

The Medicare Prescription Payment Plan can help you manage your drug costs by spreading them out during the year as monthly payments. This program is available to anyone with Medicare Part D and can be especially helpful to people with high cost sharing earlier in the plan year. Contact us or visit Medicare.gov to learn more about this program.

Get help with drug coverage or payment problems

Your *Evidence of Coverage* explains what to do if you have problems related to your drug coverage and costs. Here are the chapters to look for:

- **Chapter 7:** Asking the plan to pay its share of a bill you got for covered services or drugs
- **Chapter 9:** What to do if you have a problem or complaint (coverage decisions, appeals, complaints)

Get more details in the *Evidence of Coverage* and "LIS Rider"

The *Evidence of Coverage* is our plan's benefits booklet. It explains your drug coverage and the rules you need to follow to use your coverage. To get a copy of the *Evidence of Coverage* in your mail or email, call Birchwood Member Services at 1-800-222-3333 (TTY 1-888-444-5555). You can also get this document online at www.birchwood.com.

Your "LIS Rider" (*Evidence of Coverage Rider for People Who Get Extra Help Paying for their Prescriptions*) is a short separate document that tells what you pay for your prescriptions.

Your right to appeal

When we decide whether a drug is covered and how much you must pay, it's called a "coverage decision." If you disagree with our coverage decision, you can appeal (see Chapter 9 in the *Evidence of Coverage*).

Medicare sets the rules for how coverage decisions and appeals are handled. These are legal procedures and the deadlines are important. The process can be expedited if your doctor tells us that your health requires a quick decision.

If you have questions, please call Birchwood Medicare Plus at 1-800-222-3333 (TTY 1-888-444-5555), Monday through Friday from 8 a.m. to 5 p.m. The call is free. **For more information**, visit www.birchwood.com.